

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>6/27/02</u>		2 Serial/Patent # <u>16/045,671</u>									
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
Filing			\$								
Amendment			\$								
Extension of Time			\$								
Notice of Appeal/Appeal			\$								
<input checked="" type="checkbox"/> Petition	3	5/7/02	\$ 130.00								
<input checked="" type="checkbox"/> Issue			\$								
Cert of Correction/Terminal Disc.			\$								
Maintenance			\$								
Assignment			\$								
Other			\$								
		7 TOTAL AMOUNT OF REFUND		\$ 130.00							
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
Overpayment		Credit Deposit A/C #:									
Duplicate Payment		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>0</td><td>6</td><td>--</td><td>1</td><td>0</td><td>5</td><td>0</td></tr></table>			0	6	--	1	0	5	0
0	6	--	1	0	5	0					
<input checked="" type="checkbox"/> No Fee Due (Explanation):											
Pg present on filing Office mistake											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>E. Shuren Willis</u>		TITLE: <u>Petitions Atty</u>									
SIGNATURE: <u>E. Shuren Willis</u>		PHONE: <u>308-6712</u>									
OFFICE: <u>Office of Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Aileen Kelly</u>		DATE: <u>7/5/02</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**